

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
5						
6		2				
7						
8						
9						
10						
11						
12						
13						
14				1		
15						
16						
17						
18						
19						
20		2				
21	1					
22		1				
23						
24						
25						
26						
27						
28						
29						
30			59			
31						
32						
33						
34		9				
35						
36						
37		6				
38						
39	1					
40	1					
41		1				
42		1				
43	2					
44	1					
45			1			
46	1					
47	1					
48		1				
49	1					
50		1				
TOTAL IND.	8					
TOTAL DEP.	135	↓	↓	↓	↓	↓
TOTAL CLAIMS	144	8	6	1	1	1

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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56								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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